

STUDY OF THE ACCREDITATION PROCEDURE  
OF ALLIED HEALTH PROGRAMS  
IN RADIOGRAPHY

By

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## CHAPTER I

### INTRODUCTION

Accreditation of Allied Health Education in Radiography has been a function of the American Medical Association (A.M.A.) since 1933 (AMA 1980).

Today in order to maintain acceptance and respectability of Radiographic Technology Education all radiography programs must be accredited by an arm of the American Medical Association called, the Committee on Allied Health Education and Accreditation (CAHEA).

According to Hedrick (1983) CAHEA has been charged by the AMA to:

1. Evaluate and accredit allied health education programs.
2. Review essentials and accreditation procedures.
3. Maintain active liaison with the collaborating medical specialty and allied health associations.
4. Establish and maintain liaison with other technical and professional groups allied to medicine.
5. Maintain liaison with institutions sponsoring accredited allied health educational programs.



6. Work with the most directly concerned medical specialty, allied health, and other national professional organizations to draft minimum standards as Essentials and to establish collaborative relationships (pp 1566).

The term collaborative relationship refers to the 40 plus allied health organizations and medical specialty societies that have entered into formal relationships with the (AMA). Hedrick (1983) states that the purposes of this collaboration among groups health specialist is to:

1. Establish and maintain entry-level educational standards for allied health professions.
2. Sponsor review committees that carry out program evaluation and recommend accreditation actions for final decision by CAHEA (pp.1566).

#### Statement of the Problem

Over the years the Joint Review Committee on Education in Radiologic Technology (JRCERT) has reported in the JRC Bulletin some of the misunderstandings concerning the accreditation process. In the JRC Bulletin (1982-1) the procedure for routine re-evaluation was addressed. Also in 1982 the format of curriculum vitae's was clarified (JRCERT, 1982-2). Issues dealing with the lack of knowledge concerning the number of copies required for specific applications and reports have been addressed (JRCERT, 1983-2 and 1984-2). In the most current issue of the JRC Bulletin

1987), the JRC addressed the problems of fee payments and application procedures.

Therefore the specific problem of this study was that there seems to be a lack of clarity concerning the importance of the accreditation process by radiography program directors.

### Purpose of the Study

The purpose of the study was twofold: one was to describe the general aspects of accreditation and the second purpose was to identify and describe the areas of misunderstanding within the steps of the process of the accreditation in radiography.

The specific areas of this accreditation process that were addressed are:

1. The application for accreditation as a request by the sponsoring institution to become accredited.
2. The self-study report, also known as an internal self-review of the sponsoring institution.
3. The on-site visitation of the accrediting agency that acts as a fact-finding body to evaluate the compliance or non-compliance of the sponsoring institution with the Essentials of the accrediting agency.
4. How the accrediting agency evaluates the program and makes its final recommendations for accreditation.
5. Accreditation categories, reconsideration and means of appeal.

To better understand the logistics of the accreditation process it is important to understand the following areas.

1. Rights and responsibilities of the accrediting agency and the educational program,
2. The legal implications of the accreditation process,
3. How to manage the total process of accreditation and
4. How to assess the validity of the accreditation procedure.

#### Need for the Study

Radiography programs have gone through an accreditation process since the early 1940's. Each school that sought accreditation had to virtually develop an evaluation method and produce an accreditation report which adequately presented their individual program.

Only in the past few years has the Joint Review Committee on Education in Radiologic Technology developed more concise guidelines to assist program officials in producing a more structured evaluation of their radiography programs.

Many program officials still remain bewildered by the total process and the amount of documentation necessary to maintain accreditation. The concept of preparing a self-study report and the purpose of a site visitation cannot be adequately explained by many program officials.

## Limitations of the Study

The results of this study are limited because one of the programs used in the study was that of the author of this study.

## Definitions and Terms

The following definitions and terms are used in this study.

AAHC - Association for Academic Health Centers.

Accreditation - Refers to a process of external peer review whereby a private, nongovernmental agency or association grants public recognition to an institution or specialized program of study which meets certain established qualifications and educational standards as determined through initial and subsequent periodic evaluations. Accreditation applies only to institutions and their programs of study or their services.

ACR - The American College of Radiology.

AHA - American Hospital Association.

AMA - American Medical Association.

ARRT - The American Registry of Radiologic Technologists.

ASRT - The American Society of Radiologic Technologists.

CAHEA - The Committee on Allied Health Education and Accreditation of the American Medical Association.

Certificate Program - Radiography program sponsored by

a hospital and/or Vocational Technical School.

CME - Council on Medical Education.

COPA - Council on Postsecondary Accreditation.

Curriculum Guide for Radiography Programs - A course of study outlining the subject matter which is listed in the Essentials.

DAHEA - Department of Allied Health Education and Accreditation.

Degree Program - Radiography program sponsored by a Junior College, four-year College or University.

Essentials - Document of minimum educational standards which must be achieved by educational programs in order to be accredited.

FRACHE - Federation of Regional Accrediting Commissions of Higher Education.

G.O.A. - Guide to the Organization and Accreditation of Radiography Programs.

JRCERT - The Joint Review Committee on Education in Radiologic Technology.

NCA - National Commission on Accreditation.

PEG - Program Evaluation Guide.

P.S.Q. - Postsurvey questionnaire.

Self-Study Report - Document prepared and submitted by an educational program seeking new or continuing accreditation.

Site Visitor - Qualified volunteers appointed by the JRCERT to do an on-site evaluation of an educational

program.

Sponsorship - Institution that assumes primary responsibility for the educational program.

State Credentialing - Credentialing mandated by individual state legislature.

Student Capacity - The number of students that a program is accredited for and allowed to enroll.

### Organization of the Study

Chapter I introduces the study by presenting a description of the problem, the purpose of the study, need for the study and a list of definitions and terms. Chapter II will review current literature on the subject of accreditation including a history, rights and responsibilities, some legal implications of accreditation and how to assess the accreditation standards. Chapter II will also describe the process of accreditation including the application, self-study reports, site visitation, postsurvey questionnaire and the duration of accreditation. Chapter III will describe the methodology used to do the study. Chapter IV will present the finding of several interview studies of reactions and feelings towards accreditation and the site visit procedure. Each interview will be from radiography programs that have recently completed their self-study reports and had a recent site visitation. Chapter V will conclude this report with a summary, conclusions, and recommendations.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### History of Allied Health Education

The process of accreditation by the AMA with more than 40 allied health and medical specialties has evolved over the past 40 years into one of the largest accrediting organizations in the United States (Hedrick, 1983). The number of medical specialties and allied health professionals is rapidly growing due in part to the expansion of existing specialties and to the formation of new specialties due to futuristic technological advances (AMA, 1980).

Historically the AMA has depended on a cooperative process to be used in the accreditation procedure. Without the involvement of physicians and other allied health professionals, it would be a monumental task to visit and evaluate some 3000 accredited allied health programs in the United States. Therefore, the team approach has become the standard whereby peer specialists are recruited to visit, evaluate and suggest recommendations to The Committee on Allied Health Education and Accreditation (CAHEA) (Hedrick, 1983).

Over the years in collaboration with the AMA, some

medical specialties, including The American Society of Radiologic Technologists (ASRT), have developed the educational standards that are in use today (Hedrick, 1983). This set of standards, central to the assurance of quality within each radiography program, are called The Essentials of an Accredited Educational Program for the Radiographer (JRCERT, 1983). The original essentials for radiologic technology were adopted in 1944 and have been revised many times in the past 40 years (AMA, 1980). Today 677 radiography programs exist and are guided by these Essentials and accredited by CAHEA (JRCERT, 1987).

Hedrick (1983) reported from the DAHEA that in December of 1976, the AMA House of delegates gave responsibility for AMA review and adoption of the essentials to the AMA Council on Medical Education (CME). At the same time the CME relinquished its authority for allied health accreditation to a newly formed body called CAHEA. Since 1977 CAHEA has functioned as a self-governing entity cooperating with the medical organizations with which it works. CAHEA is totally recognized by the U.S. Department of Education and the Council on Post-secondary Accreditation (AMA, 1980).

Radiography programs that can be accredited by CAHEA may be established in: (1) community and junior colleges, senior colleges and universities, (2) hospitals, (3) medical schools and (4) postsecondary vocational/technical schools and institutions (JRCERT, 1983-1). All students today that graduate from a CAHEA accredited program are eligible to



apply to take the national certification examination given by The American Registry of Radiologic Technologists (ARRT) (JRCERT< 1983-1).

### Rights and Responsibilities

All program officials and educational institutions do indeed possess certain rights in addition to their responsibilities. Program officials should realize the fact that they do not have to relinquish their rights when a program decides to apply for accreditation (Horvath, 1983).

Some of the more important rights and responsibilities as stated by Horvath (1983) are:

1. The right to choose its own administration and faculty.
2. The right to establish admission requirements and select its own students.
3. The right to formulate curricula.
4. The right to establish graduation requirements.
5. The right to determine the appropriate credentials to be awarded.
6. The right to design facilities and apportion and arrange space.
7. The right to select and contract with affiliates.
8. The right to charge fees and manage its budget.
9. The responsibility to provide quality education and conduct its affairs with integrity.
10. The right to establish prerequisites for admission

or advancement.

11. The right to be regarded as basically honest and reasonably intelligent.

On the other hand the accrediting agency also has certain rights and specific responsibilities. As stated in the introduction CAHEA has been given certain duties to perform by the AMA (Hedrick, 1983). The major responsibility being the evaluation and accreditation of allied health educational programs. In doing so CAHEA has developed three very important documents to assist programs with the process of accreditation.

1. Essentials - A document of the minimum educational standards to be met by programs that wish to become accredited. Programs must be responsible enough to realize that the minimum standards are not minimal standards (JRCERT, 1983-1).

CAHEA's responsibility is to assure that the essentials required are a high-level standard for each health profession.

2. PEG - Program Evaluation Guide - this document has been developed by CAHEA to assist programs to evaluate their programs prior to the actual accreditation visit (JRCERT, 1984-3).

3. G.O.A. - The Guide to the Organization and Accreditation was developed by CAHEA to outline the total step-by-step process of accreditation (JRCERT, 1984-1).

Each accrediting agency has the right to be furnished the documentation in order to show that the educational requirements are being met by an institution, but does not have the right to tell the institution the methods to be used in meeting those educational requirements (Horvath, 1983).

The accrediting agency does not have the right to set tuition and fees for students, however it does have an obligation to ensure that a student's tuition and fees are not being siphoned off to the detriment of the program being evaluated (Horvath, 1983).

As to curriculum the accrediting agency has a right to require a description of course content, however the arrangement of the courses should not be the accreditor's concern (Horvath, 1983).

Along with the accrediting responsibility is the mandatory responsibility of CAHEA and all review committees to be primarily concerned with the quality and the continuity of that quality (AMA, 1980).

In addition to developing criteria (essentials) and accrediting programs, CAHEA is also active in considering current issues affecting allied health education, has conducted important studies, sponsored timely forums and produced numerous publications and documents (Hedrick, 1983).

## Legal Implications of Accreditation

In addressing the legal issues of accreditation it must first determine if there is a legal issue of accreditation. The controversy begins with trying to determine whether accrediting agencies are voluntary, non-governmental agencies or are they governmentally regulated (Oulahan, 1978).

Traditionally, organizations that accredit programs have been voluntary, non-governmental in function (Oulahan, 1978). According to Blackwell (1961) these voluntary agencies have no inherent legal power to control the operations of institutions of higher education. In practice, however, they have come to exercise a most significant influence.

In more legal terms the accrediting agency has been called "a powerful instrumentality" in the United States with minimal governmental interference (Oulahan, 1978).

Oulahan (1978) claims that most accrediting agencies are not even a means of reliable authority. Oulahan (1978) states the following points:

1. Intervals between site visits tend to be too long.
2. Institutions may be on some form of probation without the public's knowledge.
3. Institutions have been permitted to launch new programs without review.
4. Accreditation is or should be a private voluntary activity.

Too many times the accreditation process is used to qualify for governmental funds rather than to rate the quality of the educational programs (Oulahan, 1978).

Therefore the purposes of evaluation and accreditation determine the legal role played by accrediting organizations (Oulahan, 1978). If the agency is being used to monitor and improve the quality of education, then it cannot be called a governmental agency. However if the accrediting body is being used to certify eligibility for government funds, then it no longer has a private function and becomes a governmentally regulated agency, which may or may not have any role in the quality of education. Quality education should be the aim of all accrediting agencies (Oulahan, 1978).

#### Assessment of Accreditation Standards

Historically the standards for accreditation in radiography and many other allied health programs have been based on tradition. Today and in the future more and more concern will be in evaluating the validity and reliability of the essentials and what will be the effects of the educational process (Blagg, 1986).

In 1974, the United States Office of Education (USOE), now the Department of Education, added a standard requiring an accrediting agency to maintain a program of evaluation of its educational standards designed to assess their validity and reliability (USOE, 1984).

In the spring of 1976 the USOE reviewed CAHEA and found insufficient information upon which to make a judgement concerning the agencies compliance with the validity issue (Pugsley, 1980).

The 1978, a follow-up review of CAHEA still showed that most cooperating review committees including radiography were in non-compliance with the validity issue. Generally the intent of the USOE validity criterion was well conceived, however its impact has been minimal. Most accrediting agencies under CAHEA, including radiography still tend to use intuitive and pragmatic processes in the development of their standards (Pugsley, 1980).

The accreditation processes of the future, for radiography, will undoubtedly be required to incorporate within their standards, the descriptions of practitioners competencies and/or requirements to provide evidence of the attainment (Blagg, 1986).

Not until this year, March 1987, has CAHEA actively engaged in a project to assess the reliability and validity of the educational standards used by its 17 review committees and CAHEA to evaluate and accredit programs which prepare graduates for 23 allied health occupations (AMA, 1986).

### Process of Accreditation

#### The Application

All new and existing radiography programs must apply

for accreditation through the Joint Review Committee on Education in Radiologic Technology.

Each program should request the Guide to Organization and Accreditation of Radiography Programs (GOA) to initiate the accreditation process (JRCERT, 1984-1). This guide contains all the pertinent information concerning the standards for accreditation. Along with the Guide to Organization and Accreditation (JRCERT, 1984-1), the programs will also be supplied with a Program Evaluation Guide (PEG) (JRCERT, 1984-3) and a copy of the Essentials and Guidelines of an Accredited Educational Program for the Radiographer (JRCERT, 1983-1).

Each program should review all guidelines prior to submitting their application. The application is then submitted to the JRC for review before the submission of the completed self-study report (JRCERT, 1984-1).

Following is a suggested application format from the GOA (JRCERT, 1984-1).

I. SPONSORING INSTITUTION

- A. Name of Institution
- B. Address
- C. City, state, zip code
- D. State of institutional accreditation, agency, date awarded, exact status
- E. Name, title and phone number of person to contact regarding this application
- F. Name and title for chief administrative officer of

the institution

II. TYPE OF PROGRAM

- A. Length of program in months
- B. Certificate or degree (type of degree)
- C. Total credits received by student (if applicable to program)
- D. Present approved student capacity of program.

III. CLINICAL EDUCATION CENTERS (Complete for each)

- A. Name of center
- B. Address
- C. City, state, zip code
- D. Present approved student capacity

IV. PERSONNEL

A. PROGRAM DIRECTOR

- a. Name
- b. Address
- c. City, state, zip code
- d. Date appointed

B. MEDICAL DIRECTOR/ADVISOR

- a. Name
- b. Address (place of practice)
- c. City, state, zip code
- d. Date appointed

C. INSTRUCTIONAL STAFF OF PROGRAM

(Complete for each)



- a. Name
- b. Address (employer)
- c. City, state, zip code
- d. Date of appointment

V. ENROLL OF FIRST CLASS (FOR NEW PROGRAMS)

- A. Date
- B. Number of students anticipated
- C. Attach any brochures or material provided to prospective students, advertising the program

VI. CHARACTERISTICS OF HOSPITAL SPONSOR and/or CLINICAL EDUCATION CENTERS (complete for each)

- A. Name, address, city, state, zip code
- B. Name of Chief Executive Officer
- C. Name of Radiologist Chairperson/Director
- D. Name of Administrative or Chief Technologist
- E. Name of any instructors in the program employed by this institution and percent time devoted to instructional and educational duties
- F. Description of each fixed radiographic/fluoroscopic and computed tomography room and percent utilization
- G. Description of mobile units and percent utilization.
- H. Description of special procedure facilities, urology, surgery facilities and percent utilization

- I. Description of ultrasound facilities planned for use in the educational program and percent utilization
  - J. Radiology Department statistics
  - K. Number of registered radiographers (ARRT) assigned to:
    - 1. Days
    - 2. Evenings
    - 3. Nights
    - 4. Weekends
    - 5. Total employed
  - L. Number of non-registered radiographers assigned to:
    - 1. Days
    - 2. Evenings
    - 3. Nights
    - 4. Weekends
    - 5. Total employed
  - M. Statement of institutional accreditation
    - 1. Accrediting agency
    - 2. Present status
    - 3. Date awarded
  - N. Signatures of clinical education center personnel  
(Required for NEW applications only) (Please indicate exact titles)
- VII. APPLICATION SIGNATURES (Please indicate exact titles)
- A. Chief Executive Officer of sponsoring institution

- B. Dean or Director of Division (for program sponsored by educational institutions)
- C. Program Director
- D. Medical Director/Advisor

VIII. ATTACH COPIES OF THE FOLLOWING TO EACH COPY OF APPLICATION

- A. Curriculum Vitae of program faculty and Medical Director/Advisor, demonstrating that each faculty member meets qualifications for program directors and instructors. Please abbreviate curriculum vitae when appropriate.
- B. The completed and signed agreements or contracts between the sponsor and clinical education centers.
- C. Program brochures or catalog.

The application should be fully completed as to information request. If information is missing the sponsor is notified by the JRC and the accreditation process may be delayed until necessary documentation is supplied (JRCERT, 1984-1).

At the present time the JRC does require an administrative fee of \$725.00, to be paid when the application for accreditation is submitted. This fee is used to help cover the cost of evaluating the application, self-study reports, site visit, site visit reports and reporting of findings and evaluating program responses to

the findings (JRCERT, 1984-1).

### Self-Study Report

The next step in the accreditation process is the self-study report. The self-study is performed by the program to internally review, analyze, and assess the educational operation. The self-study is the way by which programs are able to look at themselves and to evaluate the program's objectives. The self-study is a collection and report of qualitative data and plays a major role in the accreditation process (Kisby, 1986).

Although the JRC has received the application prior to the self-study; it is the self-study report that documents the day-by-day operation of the program. Overall the self-study is a picture of how the educational program meets the requirements of the Essentials (JRCERT, 1984-1).

It is very important for the program director to realize that the self-study report is not the director's personal knowledge; it is a document that should be assembled by every person involved with the educational program. A self-study committee or committees should be made up of people from all areas of the program, including administration, faculty, clinical staff, students etc. Each committee or committee member should be identified for each major area of the Essentials (Kisby, 1986). Once the self-study committees are put together, each committee should work independently for a time to gather all the necessary

information on the assigned topics.

The JRC has developed the following three instruments to be used in assembling the self-study report.

1. Essentials and Guidelines of an Accredited Educational Program for the Radiographer. This document presents the minimum accreditation standards for an educational program. The extent to which a program complies with these standards determines its accreditation status; the Essentials therefore include all requirements for which an accredited program is held accountable (JRCERT, 1983-1).

2. The Radiography Self-Study Report. This instrument which is included in the G.O.A. is probably the most valuable asset to the self-study committees. This document is a listing of every essential and gives specific suggestions as to what information should be included in the self-study. It also list specific documents which should be included (JRCERT, 1984-1).

3. The Radiography Program Evaluation Guide (PEG). This instrument was developed by the JRC for consistency and standardization of reporting in the evaluation of radiography programs. This document is also included in the G.O.A. and can be used as a cross-reference for committees to verify as to whether the program is in compliance, partial compliance, or non-compliance of each individual Essential (JRCERT, 1984-3).

Using these three documents the self-study committees are able to work in a timely and organized manner. Once all

of the pertinent data is collected a composite draft of the self-study can be composed. It should be noted that the final report should be assembled in two parts. The first part, called the narrative, is a compilation of the written information used to explain how the Essentials are met. Part two of the self-study is a documentation part which should include all pertinent documents relating to the program. Samples of documents rather than complete packages are sufficient (JRCERT, 1984-1).

After the self-study is completed, reflection on the process reveals not only the numerous activities accomplished but provides an awareness of the value of such a critical analysis in providing a better understanding of the institution and program (Kisby, 1986). The primary purpose of accreditation is not only to ensure program quality but also to provide assistance for improvement.

### Site Visitation

The purpose of the site visitation is basically to validate the information that was previously presented by the program in the application for accreditation and the self-study report (Hedrick, 1983).

The site visiting team will normally consist of two or more of the following professionals: an allied health practitioner, an allied health educator, a practicing physician with special knowledge of the occupation, a practicing physician educator, a Department of Allied Health

Education and Accreditation or American Medical Association representative, a director of education of a similar program, a dean of an allied health school with similar programs or other specialized professionals (AMA, 1980).

Each site visitor has been trained by the JRC through workshops and each visitor has participated in one or more site visits as an observer before being asked to participate in the actual examination of an educational program (AMA, 1980).

The site visitation is normally scheduled within three months of the presentation of the self-study. A mutually agreed upon time is arranged for the on-site-visit which may take one to four days depending on the size and complexity of the program (AMA, 1980).

As stated by CAHEA each site visitation team is charged with the following activities (AMA, 1980):

1. Preparing for the site visit by studying the self-study report in conjunction with the Essentials and review committee directions.
2. Conducting a pre-visit on-site meeting of team members regarding the facilities to be visited, the individuals to be interviewed, the reports and records to be reviewed, and additional information to be collected, as well as to determine which team members will be responsible for specific activities.
3. Meeting with and/or interviewing diverse

individuals and groups, such as the chief executive officer of the sponsoring institution, the administrator of the educational program, instructors, students and members of the admissions or advisory committees.

4. Performing specific functions designated in the pre-visit meeting.
5. Analyzing the results of the site visit.
6. Presenting findings, accompanied by references to specific Essentials if noncompliance is identified, during an exit summation with the chief executive officers, program administrators, and others as deemed appropriate by the site visitors and by the visited institution.
7. Providing institution and program officials with an opportunity to respond to the findings to correct misconceptions, inaccuracies, etc.
8. Writing a site visit report (pg. 32).

All programs should be aware of these duties of the visitation team. By being more familiar with the visitation teams responsibilities, a program has fewer misunderstandings as to the entire process (Horvath, 1983).

The accreditation process is to ensure quality education and the site visitation is the method used to validate the educational process and make recommendations for improvements (Kisby, 1986).



### Program Site Questionnaire (P.S.Q.)

The program site visit questionnaire (P.S.Q.), sometimes called the postsurvey questionnaire is a form that is sent to the program directors shortly after each site visit from CAHEA (Hedrick, 1983). CAHEA asks each allied health education program to respond to the questionnaire in order to help CAHEA evaluate the effectiveness of the accreditation process (Hedrick, 1983).

The questionnaire is designed to provide feedback about (1) the arrangement for the site visit, (2) the performance of the site visit team, (3) the participation of institutional personnel in conducting the self-study and preparing the Self-Study Report and (4) suggestions for improving the overall program review process (Hedrick, 1983).

Following CAHEA's action on the status of the program, the P.S.Q. is sent to the JRC, which in turn considers the questionnaire when selecting future site visitors (Hedrick, 1983). (See Appendix A pg. 46-47).

### Categories of Accreditation

The Joint Review Committee utilizes a number of accreditation categories as outlined by CAHEA. In 1982, the maximum duration of accreditation, the maximum time that may elapse between accreditation review, was increased by CAHEA from five to ten years (Hedrick, 1983).

For radiography the maximum duration has remained at five years, mainly due to the impact of new and changing

technology in this field (AMA, 1980).

Following is a brief description of the accreditation categories for radiography from the GOA (JRCERT, 1984-1).

1. Provisional Accreditation - this is granted to new programs that have not had a graduating class, however seem to indicate substantial compliance with the Essentials.

2. Accreditation - initial or continuing accreditation to fully operational programs that are in substantial compliance with the Essentials.

3. Probationary Accreditation - given when a program is not in compliance with Essentials and have serious deficiencies in the educational opportunities for these students.

4. Probationary Accreditation-Administrative - this status is given to programs when the administrative requirements are not maintained. This includes;

- a. Failing to submit application for accreditation and/or self-study report.
- b. Failing to agree on a site visit date.
- c. Failing to inform JRC of personnel changes as required in Essentials.
- d. Failing to pay required accreditation fees.
- e. Failing to return the Annual CAHEA report.

5. Non-Accreditation - is given when a program is not in substantial compliance with the Essentials that are vital to the educational program (pp. IV-2-5).

Program directors and sponsoring institutions should remember that the review committees are not there to eliminate programs, but to improve the educational standards. Programs should always be allowed to question and explain the findings and recommendations (Oulahan, 1978). Any program given non-accreditation may appeal the status through CAHEA (JRCERT, 1984-1).

## CHAPTER III

### METHODOLOGY

This study was developed as an investigation of three radiography programs located in Northeastern Oklahoma. Specific programs were selected because of their recent participation in the accreditation process conducted by the JRCERT.

From the accreditation information available from the JRCERT an interview guide was developed. (See Appendix A, page 44-45) This interview guide was then used to collect information from program officials to determine their level of knowledge pertaining to information and processes of accreditation. Also the P.S.Q. form used by CAHEA was used to tabulate officials' responses towards the accreditation process. (See Appendix A, page 46-47).

Personal interviews were then arranged with one program officials from each of three programs selected. Each interview lasted approximately one and one half hours. Using the interview guide and the P.S.Q. form, responses from the program officials were recorded. (See Appendix B, pages 49-60).

The interview guide consisted of four categories:

1. Knowledge of terms.
2. Knowledge of rights and responsibilities.
3. Knowledge of the steps in the accreditation procedure.
4. Knowledge of the categories of accreditation.

Determination of the level of knowledge of the program officials was determined by the interviewer according to the following criteria:

Levels of Knowledge

1. None - interviewee possessed no knowledge of terms and/or subject matter.
2. Partial - interviewee possessed some knowledge of terms and/or subject matter.
3. Complete - interviewee possessed complete correct knowledge of terms and/or subject matter.

The category on the interview guide dealing with Rights and Responsibilities, each interviewee was asked to just state whether the item was the right of their program or a right of CAHEA. The items were determined to be answered correct or incorrect according to guidelines by CAHEA and Oulahan (AMA, 1980 and Oulahan, 1978).

Categories one (1) and two (2) consisted of sixteen (16) items and categories three (3) and four (4) each had five (5) items.

The responses on the P.S.Q. form were also recorded by the interviewer during each interview. The P.S.Q. form consists of eighteen (18) questions dealing with the actual

site visit, site visiting team and the accreditation process.

After having interviewed all three of the selected program officials, a percentage was calculated for each category based on the number of responses for each level of knowledge in relation to the total number possible for each category. These findings will be presented in Chapter IV.

## CHAPTER IV

### PRESENTATION OF FINDINGS

A major purpose of this study was to help clarify the accreditation process of radiography programs. This was possible by taking the information necessary for the accreditation process and identifying the areas in which there was a lack of understanding and/or misinformation. This chapter consists of the finding acquired from the three interviews of radiography programs that have all just completed the accreditation process in the last year.

#### Interview I

This radiography program has been in operation for over ten years. The program official interviewed has been teaching for nine years and has participated in the accreditation process twice in the last nine years.

The knowledge of the terms presented ranged from none to complete. Knowledge of the professional societies and types of radiography programs was excellent. Correct knowledge of specific accrediting agencies was incomplete and vague. The information concerning specific accreditation tools, such as the G.O.A., P.E.G., and P.S.Q. was totally lacking. Of the sixteen (16) terms in this

category this official had no knowledge of four (4) terms, partial knowledge of five (5) terms and complete knowledge of seven (7) terms.

The items dealing with the rights and responsibilities were answered very well. Only the question on formulating curriculum was answered incorrectly. CAHEA requires specific course topics, however each program has the right to formulate their own curriculum pattern.

Knowledge of the proper sequence of the accreditation process was good with only minor errors. In listing the categories of accreditation this program official was unaware of the provisional status, due to the fact that he/she has never been involved in the initiation of a new program. Also the status of probationary-administrative was unfamiliar to this official. Table I contains the overall rating of responses for Interview I.

In responding to the P.S.Q. form this program official felt that the arrangements for and the site visit itself were generally adequate with specific items being inadequate. This official would have welcomed more assistance from other institutional personnel in preparing the self-study report. It was also indicated that even though the self-study is of great benefit in self-evaluation, it seemed to be very repetitive when follow-up accreditation is performed. The overall CAHEA system was rated good, however the program official felt the system should be refined and streamlined. (See P.S.Q. form for Interview I on pages 49-50, Appendix B).



TABLE I  
RATINGS OF RESPONSES FROM INTERVIEW GUIDE  
INTERVIEW I

Category of Knowledge	None	Partial	Complete
Knowledge of Terms (16)*	(4)25%	(5)31.25%	(7)43.75%
Knowledge of steps of accreditation procedure (5)	(1)20%	(1)20%	(3)60%
Knowledge of categories of accreditation (5)	(2)40%	(0)0%	(3)60%
Rights and responsibilities (16)		(15)93.75% correct	

\* ( ) number of items

## INTERVIEW II

This radiography program has been in operation for over thirty years. The program official interviewed has been actively involved in this program for about five years. During these five years this program has been through the accreditation process twice and has also changed the sponsorship of the program.

Knowledge of the professional societies and types of programs was excellent. Knowledge of the terms dealing with accrediting agencies and parts of the accreditation process were mostly correct with only minor difficulties. However knowledge of the terms dealing with the specific accreditation tools, the G.O.A. G.E.G. and the P.S.Q. were totally lacking.

The knowledge of the rights and responsibilities of the radiography program versus CAHEA were mostly answered correctly. Only two questions were answered incorrectly; the one on credentials to be awarded and the one on the proper usage of student fees.

Knowledge of the proper sequence of the accreditation process was without error. As to the categories of accreditation status this official was familiar with the provisional status, however somewhat unclear as to its meaning. The status of probationary-administrative was unfamiliar and the category of non-accreditation was unknown. Table II has the response ratings for Interview II.

TABLE II  
RATINGS OF RESPONSE FROM INTERVIEW GUIDE  
INTERVIEW II

Category of Knowledge	None	Partial	Complete
Knowledge of Terms (16)*	(4)25%	(2)12.5%	(10)62.5%
Knowledge of steps of accreditation procedure (5)	(0)0%	(0)0%	(5)100%
Knowledge of categories of accreditation (5)	(2)40%	(1)20%	(2)40%
Rights and responsibilities (16)	(14) 87.5% correct		

\* ( ) number of items

In responding to the P.S.Q. form, this program official felt that arrangements for and the site visit itself were more than adequate and that the accreditation process was excellent. As to the value of the process to the program, it was only rated good. This official stated that too much of the documentation from one site visit to the next site visit was a duplication of information, which seemed to be a waste of time. A suggestion of eliminating information that had been previously approved by the accrediting agency was noted. The overall CAHEA system was rated good by this program. (See P.S.Q. form for Interview II on pages 53-54, Appendix B)

## INTERVIEW III

The third radiography program that was included in this study has existed for just under seven years. The program director has been in education for approximately two years and has only participated in one accreditation procedure by CAHEA.

In defining the related terms, this program official rated excellent. Most of the terms were known correctly, with only two terms that were not known. This official had some working knowledge of the G.O.A. and the P.E.G., however he/she had much difficulty with recalling what CAHEA stood for and what the P.S.Q. was.

Knowledge of the rights and responsibilities of the program and CAHEA was excellent with a perfect score.

Knowledge of the accreditation procedure was also perfect for this director.

In listing the categories of accreditation status, this director was well informed on the provisional status because of the newness of the program. The status of probationary-administrative was unfamiliar to this director and the status of non-accreditation was vague. Table III contains the ratings of responses for Interview III.

TABLE III  
RATINGS OF RESPONSES FROM INTERVIEW GUIDE  
INTERVIEW III

Category of Knowledge	None	Partial	Complete
Knowledge of Terms (16)*	(2)12.5%	(3)19.75%	(11)69.75%
Knowledge of steps of accreditation procedure (5)	(0)0%	(0)0%	(5)100%
Knowledge of categories of accreditation (5)	(2)40%	(0)0%	(3)60%
Rights and responsibilities (18)		(18) 100% correct	

\* ( ) number of items

In responding to the P.S.Q. this program official felt that everything involved in the site visit was adequate and/or excellent. He/she believed that the accreditation review process was also excellent. No repetition of information was reflected. The only area of the P.S.Q. that was rated other than excellent was the question on the involvement of other institutional personnel in the accreditation process. This official felt that the institution's involvement in assisting with the self-study and site visit was only satisfactory. (See P.S.Q. form for Interview III on pages 57-58, Appendix B).

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary

This study was primarily undertaken to help describe the process of accreditation and to help clarify the procedure of accreditation in radiography programs.

In the review of literature it was found that the process of Allied Health Accreditation has changed over the years. Moreover many more changes, especially in the area of evaluation of graduate competencies will be occurring in the future. The accreditation process is designed such that the institution does not have to give up all of its rights. The rights and responsibilities of each, the institution and the accrediting agency, are well defined in the literature. Legally the accrediting agency has no inherent power to control the operations of a radiography program.

Personal interviews were used to collect data from radiography program officials. An interview guide was developed to be used to document officials' responses dealing with topics concerning the accreditation process. The program site visit questionnaire (P.S.Q.) was also used to gather specific information relating to each site visit.

## Findings

The following findings were derived following analysis of the responses made by program officials of the three programs interviewed:

1. The majority of terms were well known, however two-thirds of the program officials were unfamiliar with the G.O.A. and the P.E.G. All of the officials were unfamiliar with the P.S.Q.

2. Knowledge of the steps of accreditation were generally well known. Only in one interview were the steps misunderstood.

3. Knowledge of the categories of the status of accreditation were not well known in all three interviews. The status of probationary-administrative was unknown by all programs interviewed.

4. The rights and responsibilities were generally well known in all three interviews.

5. Most officials believed that the accreditation process is more than satisfactory and generally a benefit to their program.

## Conclusions

The following conclusions have been derived from the findings of this study.

1. Program directors have been able to maintain accreditation of their programs. However the process is delayed at times because of the lack of understanding of the

accreditation process.

2. The overall benefit of the accreditation process would better benefit suit the needs of the programs if the importance of the self-evaluation was better understood.

3. Programs could be given accreditation status at will by the accrediting agencies because of the lack of knowledge by program directors dealing with the rights and status of accreditation.

#### Recommendations

The following recommendations are made to program directors and faculty to assist them in simplifying the process of accreditation of their radiography program.

1. Approach the accreditation process as a process of self-evaluation and self-improvement. (The accrediting agency is not there to police the program, but to assist in the attainment of meeting set educational standards).

2. Program officials should become more knowledgeable with the specific tools used in preparing for accreditation. (Keeping abreast of the changes in the procedure will eliminate a lot of the confusion and misunderstanding of the procedure).

3. Accept the development of a self-study as a joint effort by the sponsoring institution and all of its clinical education centers. (The self-study should include the input from many individuals, not just the program director).

4. As changes occur in the accreditation procedures,



those changes should be published in the Journal of the American Society of Radiologic Technologists.

5. Additional research should be done dealing with the site visitation procedure.

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## APPENDIXES

APPENDIX A

INTERVIEW GUIDE AND QUESTIONNAIRE

## INTERVIEW GUIDE

<u>KNOWLEDGE OF TERMS</u>	None	Partial	Complete
1. AMA			
2. ARRT			
3. ASRT			
4. CAHEA			
5. Certificate Program			
6. Clinical Education Center			
7. Degree Program			
8. Essentials			
9. G.O.A.			
10. JRCERT			
11. P.E.G.			
12. P.S.Q.			
13. Self-Study Report			
14. Site Visitor			
15. Sponsorship			
16. Student Capacity			

KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

(Program and/or CAHEA)	Program	CAHEA
1. Select administration and faculty		
2. Set admission requirements		
3. Formula curriculum		
4. Set graduation requirements		
5. Determine credentials to be awarded		
6. Design facilities		

	Program	CAHEA
7. Select affiliates		
8. Charge student fees		
9. Provide quality education		
10. Set pre-requisites		
11. Evaluate and accredit		
12. Determine teaching methods		
13. Determine usage of fees		
14. Review the quality of Program		
15. Develop essentials		
16. To train site visitors		

KNOWLEDGE OF THE STEPS IN THE  
ACCREDITATION PROCEDURE

	None	Partial	Complete
1. Application			
2. Self-study report			
3. Site visit			
4. Site visit questionnaire			
5. Recommendation and Status			

KNOWLEDGE OF THE CATEGORIES  
OF ACCREDITATION

	None	Partial	Complete
1. Provisional			
2. Accreditation			
3. Probationary			
4. Probationary-Administrative			
5. Non-Accreditation			

## PROGRAM DIRECTOR'S COPY

# **Program Site Visit Questionnaire (PSQ)** **COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION**

Name of sponsoring institution \_\_\_\_\_  
 Name of profession RADIOGRAPHY Date(s) visited \_\_\_\_\_  
 Name of program \_\_\_\_\_  
 Address of program \_\_\_\_\_

Please circle the number which best describes your response to each statement below with respect to the **ARRANGEMENTS FOR THE SITE VISIT**.  
 The numbers correspond to the following values:

1 Adequate	2 Inadequate	3 Not able to comment	1	2	3
<hr/>					
1. Overall site visit arrangements by the review committee/staff were: Comment*:			1	2	3
2. Availability of the review committee/staff to assist the program in preparing for the site visit was: Comment:			1	2	3
3. Communication of the review committee/staff with the program before the site visit was: Comment:			1	2	3
4. The time that elapsed between the submission of the Self-Study Report and the site visit, _____ months, was: Comment:			1	2	3
5. The number of site visit team members, _____, was: Comment:			1	2	3

Please circle the number which best describes your response to each statement below with respect to the **PERFORMANCE OF THE SITE VISIT TEAM**.  
 The numbers correspond to the following values:

1 Excellent	2 Good	3 Satisfactory	4 Fair	5 Poor	1	2	3	4	5
<hr/>									
6. The site visitors' <i>attitude</i> while conducting the site visit was: Comment:					1	2	3	4	5
7. The site visitors' <i>competence</i> as surveyors/evaluators was: Comment:					1	2	3	4	5
8. The site visitors' <i>knowledge</i> of the program through their study of the application and/or Self-Study Report was: Comment:					1	2	3	4	5
9. The site visitors' <i>objectivity</i> in interpreting and applying the <i>Essentials</i> to the program was: Comment:					1	2	3	4	5
10. The site visitors' <i>interaction</i> with program faculty during the site visit was: Comment:					1	2	3	4	5

\*Use another sheet of paper if you need more space for your comments



	1 Excellent	2 Good	3 Satisfactory	4 Fair	5 Poor		1	2	3	4	5
11. The site visitors' <i>interaction</i> with other faculty during the site visit was:							1	2	3	4	5
Comment:											
12. The site visitors' <i>interaction</i> with students during the site visit was:							1	2	3	4	5
Comment:											
13. The site visitors' conduct of the exit conference was:							1	2	3	4	5
Comment:											
14. The clarity of the report of findings during the exit conference was:							1	2	3	4	5
Comment:											
With respect to the <b>ACCREDITATION PROCESS</b> :											
15. Indicate the degree of involvement of program and other institutional personnel in:											
conducting the self-study process							1	2	3	4	5
preparing the Self-Study Report							1	2	3	4	5
participating in the site visit							1	2	3	4	5
Comment:											
16. In its value to the program, rate these aspects of the accreditation review process:											
self-study process							1	2	3	4	5
Self-Study Report							1	2	3	4	5
site visit							1	2	3	4	5
Comment:											
17. In your judgment, the effectiveness of the overall CAHEA accreditation system is:							1	2	3	4	5
Comment:											
18. You are invited to share ideas for improving the accreditation review process on another sheet of paper.											

Name (Please print or type)

Date

Title

Phone

Signature

Thank you for your response to this Program Site Visit Questionnaire (PSQ). Please return it in the enclosed envelope. Should you have any questions about this form, call (312) 645-4624 or write to:

Secretary of CAHEA  
 Department of Allied Health Education and Accreditation  
 American Medical Association  
 535 N Dearborn  
 Chicago, IL 60610

For Office Use:

Date mailed: \_\_\_\_\_

Date returned: \_\_\_\_\_

APPENDIX B

INTERVIEW RESULTS

## PROGRAM DIRECTOR'S COPY

## Program Site Visit Questionnaire (PSQ)

### COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION

INTERVIEW I

Name of sponsoring institution \_\_\_\_\_

Name of profession RADIOGRAPHY Date(s) visited \_\_\_\_\_

Name of program \_\_\_\_\_

Address of program \_\_\_\_\_

Please circle the number which best describes your response to each statement below with respect to the **ARRANGEMENTS FOR THE SITE VISIT**.  
The numbers correspond to the following values:

1 Adequate	2 Inadequate	3 Not able to comment	1	2	3
1. Overall site visit arrangements by the review committee/staff were: Comment*:			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Availability of the review committee/staff to assist the program in preparing for the site visit was: Comment:			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Communication of the review committee/staff with the program before the site visit was: Comment:			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. The time that elapsed between the submission of the Self-Study Report and the site visit, _____ months, was: Comment:			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The number of site visit team members, _____, was: Comment:			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please circle the number which best describes your response to each statement below with respect to the **PERFORMANCE OF THE SITE VISIT TEAM**.  
The numbers correspond to the following values:

1 Excellent	2 Good	3 Satisfactory	4 Fair	5 Poor	1	2	3	4	5
6. The site visitors' <i>attitude</i> while conducting the site visit was: Comment:					<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The site visitors' <i>competence</i> as surveyors/evaluators was: Comment:					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The site visitors' <i>knowledge</i> of the program through their study of the application and/or Self-Study Report was: Comment:					<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The site visitors' <i>objectivity</i> in interpreting and applying the <i>Essentials</i> to the program was: Comment:					<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The site visitors' <i>interaction</i> with program faculty during the site visit was: Comment:					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*Use another sheet of paper if you need more space for your comments.

## INTERVIEW I

	1 Excellent	2 Good	3 Satisfactory	4 Fair	5 Poor
11. The site visitors' <i>interaction</i> with other faculty during the site visit was: Comment:	1	2	3	4	5
12. The site visitors' <i>interaction</i> with students during the site visit was: Comment:	1	2	3	4	5
13. The site visitors' conduct of the exit conference was: Comment:	1	2	3	4	5
14. The clarity of the report of findings during the exit conference was: Comment:	1	2	3	4	5
With respect to the <b>ACCREDITATION PROCESS</b> :					
15. Indicate the degree of involvement of program and other institutional personnel in:					
conducting the self-study process	1	2	3	4	5
preparing the Self-Study Report	1	2	3	4	5
participating in the site visit	1	2	3	4	5
Comment:					
16. In its value to the program, rate these aspects of the accreditation review process:					
self-study process	1	2	3	4	5
Self-Study Report	1	2	3	4	5
site visit	1	2	3	4	5
Comment:					
17. In your judgment, the effectiveness of the overall CAHEA accreditation system is: Comment:	1	2	3	4	5
18. You are invited to share ideas for improving the accreditation review process on another sheet of paper					

Name (Please print or type)

Date

Title

Phone

Signature

Thank you for your response to this Program Site Visit Questionnaire (PSQ). Please return it in the enclosed envelope. Should you have any questions about this form, call (312) 645-4624 or write to:

Secretary of CAHEA  
Department of Allied Health Education and Accreditation  
American Medical Association  
535 N Dearborn  
Chicago, IL 60610

For Office Use:

Date mailed

Date returned

INTERVIEW I  
INTERVIEW GUIDE

<u>KNOWLEDGE OF TERMS</u>	None	Partial	Complete
1. AMA			X
2. ARRT			X
3. ASRT			X
4. CAHEA	X		
5. Certificate Program			X
6. Clinical Education Center			X
7. Degree Program		X	
8. Essentials		X	
9. G.O.A.	X		
10. JRCERT		X	
11. P.E.G.	X		
12. P.S.Q.	X		
13. Self-Study Report		X	
14. Site Visitor			X
15. Sponsorship		X	
16. Student Capacity			X

KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

(Program and/or CAHEA)	Program	CAHEA
1. Select administration and faculty	X	
2. Set admission requirements	X	
3. Formula curriculum		X
4. Set graduation requirements	X	
5. Determine credentials to be awarded	X	
6. Design facilities	X	

## INTERVIEW I

	Program	CAHEA
7. Select affiliates	X	
8. Charge student fees	X	
9. Provide quality education	X	
10. Set pre-requisites	X	
11. Evaluate and accredit		X
12. Determine teaching methods	X	
13. Determine usage of fees		X
14. Review the quality of Program		X
15. Develop essentials		X
16. To train site visitors		X

KNOWLEDGE OF THE STEPS IN THE  
ACCREDITATION PROCEDURE

	None	Partial	Complete
1. Application		X	
2. Self-study report	X		
3. Site visit			X
4. Site visit questionnaire			X
5. Recommendation and Status			X

KNOWLEDGE OF THE CATEGORIES  
OF ACCREDITATION

	None	Partial	Complete
1. Provisional	X		
2. Accreditation			X
3. Probationary			X
4. Probationary-Administrative	X		
5. Non-Accreditation			X

## PROGRAM DIRECTOR'S COPY

**Program Site Visit Questionnaire (PSQ)**  
**COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION**

## INTERVIEW II

Name of sponsoring institution \_\_\_\_\_  
 Name of profession RADIOGRAPHY Date(s) visited \_\_\_\_\_  
 Name of program \_\_\_\_\_  
 Address of program \_\_\_\_\_

Please circle the number which best describes your response to each statement below with respect to the **ARRANGEMENTS FOR THE SITE VISIT**.  
 The numbers correspond to the following values:

1 Adequate	2 Inadequate	3 Not able to comment	1	2	3
1. Overall site visit arrangements by the review committee staff were: Comment:			0	2	3
2. Availability of the review committee staff to assist the program in preparing for the site visit was: Comment:			0	2	3
3. Communication of the review committee/staff with the program before the site visit was: Comment:			0	2	3
4. The time that elapsed between the submission of the Self-Study Report and the site visit, _____ months, was: Comment:			0	2	3
5. The number of site visit team members, _____, was: Comment:			0	2	3

Please circle the number which best describes your response to each statement below with respect to the **PERFORMANCE OF THE SITE VISIT TEAM**.  
 The numbers correspond to the following values:

1 Excellent	2 Good	3 Satisfactory	4 Fair	5 Poor	1	2	3	4	5
6. The site visitors' <i>attitude</i> while conducting the site visit was: Comment:					0	2	3	4	5
7. The site visitors' <i>competence</i> as surveyors/evaluators was: Comment:					0	2	3	4	5
8. The site visitors' <i>knowledge</i> of the program through their study of the application and/or Self-Study Report was: Comment:					0	2	3	4	5
9. The site visitors' <i>objectivity</i> in interpreting and applying the <i>Essentials</i> to the program was: Comment:					0	2	3	4	5
10. The site visitors' <i>interaction</i> with program faculty during the site visit was: Comment:					0	2	3	4	5

\*Use another sheet of paper if you need more space for your comments

## INTERVIEW II

	1 Excellent	2 Good	3 Satisfactory	4 Fair	5 Poor
11. The site visitors' <i>interaction</i> with other faculty during the site visit was: Comment:	1	2	3	4	5
12. The site visitors' <i>interaction</i> with students during the site visit was: Comment:	1	2	3	4	5
13. The site visitors' conduct of the exit conference was: Comment:	1	2	3	4	5
14. The clarity of the report of findings during the exit conference was: Comment:	1	2	3	4	5

## With respect to the ACCREDITATION PROCESS:

15. Indicate the degree of involvement of program and other institutional personnel in:					
conducting the self-study process	1	2	3	4	5
preparing the Self-Study Report	1	2	3	4	5
participating in the site visit	1	2	3	4	5
Comment:					
16. In its value to the program, rate these aspects of the accreditation review process:					
self-study process	1	2	3	4	5
Self-Study Report	1	2	3	4	5
site visit	1	2	3	4	5
Comment:					
17. In your judgment, the effectiveness of the overall CAHEA accreditation system is: Comment:	1	2	3	4	5
18. You are invited to share ideas for improving the accreditation review process on another sheet of paper.					

Name: Please print or type

Date

Title

Phone

Signature

Thank you for your response to this Program Site Visit Questionnaire (PSQ). Please return it in the enclosed envelope. Should you have any questions about this form, call (312) 645-4824 or write to:

Secretary of CAHEA  
 Department of Allied Health Education and Accreditation  
 American Medical Association  
 535 N Dearborn  
 Chicago, IL 60610

For Office Use

Date mailed

Date returned



INTERVIEW II  
INTERVIEW GUIDE

<u>KNOWLEDGE OF TERMS</u>	None	Partial	Complete
1. AMA			X
2. ARRT			X
3. ASRT			X
4. CAHEA	X		
5. Certificate Program			X
6. Clinical Education Center			X
7. Degree Program			X
8. Essentials		X	
9. G.O.A.	X		
10. JRCERT		X	
11. P.E.G.	X		
12. P.S.Q.	X		
13. Self-Study Report			X
14. Site Visitor			X
15. Sponsorship			X
16. Student Capacity			X

KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

(Program and/or CAHEA)	Program	CAHEA
1. Select administration and faculty	X	
2. Set admission requirements	X	
3. Formula curriculum	X	
4. Set graduation requirements	X	
5. Determine credentials to be awarded		X
6. Design facilities	X	

## INTERVIEW II

	Program	CAHEA
7. Select affiliates	X	
8. Charge student fees	X	
9. Provide quality education	X	
10. Set pre-requisites	X	
11. Evaluate and accredit		X
12. Determine teaching methods	X	
13. Determine usage of fees	X	
14. Review the quality of Program		X
15. Develop essentials		X
16. To train site visitors		X

KNOWLEDGE OF THE STEPS IN THE  
ACCREDITATION PROCEDURE

	None	Partial	Complete
1. Application			X
2. Self-study report			X
3. Site visit			X
4. Site visit questionnaire			X
5. Recommendation and Status			X

KNOWLEDGE OF THE CATEGORIES  
OF ACCREDITATION

	None	Partial	Complete
1. Provisional		X	
2. Accreditation			X
3. Probationary			X
4. Probationary-Administrative	X		
5. Non-Accreditation	X		

## INTERVIEW III

	1 Excellent	2 Good	3 Satisfactory	4 Fair	5 Poor
11. The site visitors' <i>interaction</i> with other faculty during the site visit was: Comment:	1	2	3	4	5
12. The site visitors' <i>interaction</i> with students during the site visit was: Comment:	1	2	3	4	5
13. The site visitors' conduct of the exit conference was: Comment:	1	2	3	4	5
14. The clarity of the report of findings during the exit conference was: Comment:	1	2	3	4	5
With respect to the <b>ACCREDITATION PROCESS</b> :					
15. Indicate the degree of involvement of program and other institutional personnel in:					
conducting the self-study process	1	2	3	4	5
preparing the Self-Study Report	1	2	3	4	5
participating in the site visit	1	2	3	4	5
Comment:					
16. In its value to the program, rate these aspects of the accreditation review process:					
self-study process	1	2	3	4	5
Self-Study Report	1	2	3	4	5
site visit	1	2	3	4	5
Comment:					
17. In your judgment, the effectiveness of the overall CAHEA accreditation system is: Comment:	1	2	3	4	5
18. You are invited to share ideas for improving the accreditation review process on another sheet of paper.					

Name: Please print or type \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Thank you for your response to this Program Site Visit Questionnaire (PSQ). Please return it in the enclosed envelope. Should you have any questions about this form, call (312) 641-4124 or write to:

Secretary of CAHEA  
 Department of Allied Health Education and Accreditation  
 American Medical Association  
 535 N Dearborn  
 Chicago, IL 60610

For Office Use

Date mailed: \_\_\_\_\_

Date returned: \_\_\_\_\_

INTERVIEW III  
INTERVIEW GUIDE

<u>KNOWLEDGE OF TERMS</u>	None	Partial	Complete
1. AMA			X
2. ARRT			X
3. ASRT			X
4. CAHEA	X		
5. Certificate Program			X
6. Clinical Education Center			X
7. Degree Program			X
8. Essentials			X
9. G.O.A.		X	
10. JRCERT		X	
11. P.E.G.		X	
12. P.S.Q.	X		
13. Self-Study Report			X
14. Site Visitor			X
15. Sponsorship			X
16. Student Capacity			X

KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

(Program and/or CAHEA)	Program	CAHEA
1. Select administration and faculty	X	
2. Set admission requirements	X	
3. Formula curriculum	X	
4. Set graduation requirements	X	
5. Determine credentials to be awarded	X	
6. Design facilities	X	

## INTERVIEW III

	Program	CAHEA
7. Select affiliates	X	
8. Charge student fees	X	
9. Provide quality education	X	
10. Set pre-requisites	X	
11. Evaluate and accredit		X
12. Determine teaching methods	X	
13. Determine usage of fees		X
14. Review the quality of Program		X
15. Develop essentials		X
16. To train site visitors		X

KNOWLEDGE OF THE STEPS IN THE  
ACCREDITATION PROCEDURE

	None	Partial	Complete
1. Application			X
2. Self-study report			X
3. Site visit			X
4. Site visit questionnaire			X
5. Recommendation and Status			X

KNOWLEDGE OF THE CATEGORIES  
OF ACCREDITATION

	None	Partial	Complete
1. Provisional			X
2. Accreditation			X
3. Probationary			X
4. Probationary-Administrative	X		
5. Non-Accreditation	X		

2  
VITA

Ronald L. Boodt

Candidate for the Degree of  
Master of Science

Thesis: STUDY OF THE ACCREDITATION PROCEDURE OF ALLIED  
HEALTH PROGRAMS IN RADIOGRAPHY

Major Field: Occupational and Adult Education

Biographical:

Personal Data: Born in Kalamazoo, Michigan,  
August 31, 1947, the son of Clair and Anna Boodt.

Education: Graduated from Portage High School, Portage,  
Michigan, in June 1965; received Associate of Science  
Degree in Radiologic Technology from Ferris State  
College, Big Rapids, Michigan in May, 1970; received  
Bachelor of Science Degree in Allied Health Education  
from Ferris State College in December, 1973; completed  
requirements for the Master of Science in Occupational  
and Adult Education at Oklahoma State University in  
December, 1987.

Professional Experience: Radiologic Technologist at Allegan  
General Hospital, Allegan, Michigan 1970-71; Radiologic  
Technologist at Butterworth Hospital, Grand Rapids,  
Michigan 1971-73; Radiologic Technologist at Saint  
Bernard Hospital, Jonesboro, Arkansas 1973-74;  
Radiologic Technology Program Director at Tulsa Junior  
College, Tulsa, Oklahoma 1974-present.

Professional Organizations: American Society of Radiologic  
Technologists; American Registry of Radiologic  
Technologists; Oklahoma Society of Radiologic  
Technologists; Northeastern Oklahoma Society of  
Radiologic Technologists; Tulsa Junior College Faculty  
Association; Higher Education Association of Radiologic  
Technologists.